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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/222,336	12/28/1998	GUY A. STORY JR.	ADBLE.009A	3308
79502	7590	08/10/2011		
Knobbe, Martens, Olson & Bear, LLP 2040 Main Street Fourteenth Floor Irvine, CA 92614			EXAMINER RETTA, YEHDEGA	
			ART UNIT 3622	PAPER NUMBER
			NOTIFICATION DATE 08/10/2011	DELIVERY MODE ELECTRONIC

Please find below and/or attached an Office communication concerning this application or proceeding.

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Board of Patent Appeals and Interferences

KNOBBE, MARTENS, OLSON &
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Appeal No: 2010-006618
 Appellant: GUY A. STORY, ROZSA E. KOVESDI, AJIT
 Application No: V. RAJASEKHAR AN, BENJAMIN CHE-
 Hearing Room: MING JUN et al.
 Hearing Docket: 09/222,336
 Hearing Date: A
 Hearing Time: B
 Location: Thursday, September 22, 2011
 01:00 PM
 Madison Building - East Wing
 600 Dulany Street, 9th Floor
 Alexandria, Virginia 22313-1450

NOTICE OF HEARING
 CONFIRMATION REQUIRED WITHIN TWENTY-ONE DAYS

Your attention is directed to 37 CFR § 41.47. The above identified appeal will be heard by the Board of Patent Appeals and Interferences on the date indicated. Hearings will commence at the time set and as soon as the argument in one appeal is concluded, the succeeding appeal will be taken up. The time allowed for argument is twenty minutes unless additional time is requested and permitted before the argument is commenced. If there are any inquires, please contact the Clerk of the Board at 571-272-9797.

The application involved in this appeal has been published. Accordingly, the hearing in this appeal is open to the public.

CONFIRMATION OR WAIVER OF THE HEARING IS REQUIRED. This form must be completed below and facsimile transmitted to both: (1) the USPTO Central fax number (official copy), and (2) the Board of Patent Appeals and Interferences fax number (courtesy copy) within TWENTY-ONE (21) DAYS from the mailing date of this notice indicating confirmation or waiver of the hearing. A copy of this notice may be alternately filed by mail if facsimile is not available.

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In all communications relating to this appeal, please identify the appeal by its number.

CHECK ONE: () HEARING ATTENDANCE CONFIRMED () HEARING ATTENDANCE WAIVED

 Signature of Attorney/Agent/Appellant

 Date

 Registration No.

Names of other visitors expected to accompany counsel: _____

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